

Outcomes

of CalWORKs

Supportive Services

in Los Angeles County

Substance Abuse

Year Two

California Institute
for Mental Health

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Acknowledgements

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This report is dedicated to Barbara Sullivan, who died in the spring of 2004. She was an exemplary public servant, and those of us listed on this page miss her greatly.

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Other reports and technical assistance materials from the CalWORKs Project are available at the California Institute for Mental Health website: www.cimh.org/calworks

INTRODUCTION

Research in California counties has shown that there is a high prevalence of substance abuse (SA), mental health (MH), and domestic violence (DV) issues in the CalWORKs population. These issues negatively affect participants' abilities to obtain and maintain employment. Additionally, they can threaten the well-being of children in the family.²

To address these barriers to achieving the goals of CalWORKs, the California Legislature has designated CalWORKs funds to be used for the provision of SA and MH services for CalWORKs participants. Many counties have designated funds for DV issues, as well, and Los Angeles County has been particularly generous in this regard. This funding has enabled counties to develop systems to identify and serve clients with MH/SA/DV problems—collectively called “supportive services” in Los Angeles.

The Department of Mental Health in Los Angeles County, with additional support from funds contributed by the Department of Health Services, Alcohol and Drug Program Administration (ADPA), contracted with the California Institute for Mental Health (CIMH) to work with the county in designing a system to measure the effectiveness of CalWORKs supportive services. Over the past two years, four departments have cooperated with each other and with CIMH to study and improve supportive services in Los Angeles: the Department of Mental Health (MH), the Department of Public Social Services (representing CalWORKs), the Department of Health Services (ADPA) (representing substance abuse), and Community and Senior Services (representing domestic violence).

In May of 2003 we issued a first report profiling service outcomes, including client satisfaction and the achievement of work-related goals.³ This is the second project report. It is presented in different formats for different audiences. This format is for substance abuse system stakeholders. Similar reports are available for MH and DV stakeholders. A combined report is oriented to policy makers. All are available at: www.cimh.org/calworks.

The Interagency Context of CalWORKs Supportive Services

The CalWORKs supportive services—substance abuse, mental health, and domestic violence—pose a unique challenge and opportunity. These services rely inherently on interagency cooperation. CalWORKs staff must identify persons with MH/SA/DV problems and provide employment-related supports, but the mental health, substance abuse, or domestic violence agencies provide the services necessary for clients to make use of the opportunities CalWORKs offers.

² These findings are from CalWORKs Project reports. Reports and technical assistance materials from the CalWORKs Project are available at the California Institute for Mental Health website: www.cimh.org/calworks

³ The CalWORKs Project. (2003). Outcomes of CalWORKs Supportive Services in Los Angeles County: Mental Health, Substance Abuse, Domestic Violence. Sacramento, California Institute for Mental Health.

While service linkage offers an otherwise unavailable opportunity to help CalWORKs participants with MH/SA/DV barriers, developing interagency programs is a challenge. Los Angeles County has had a strong interagency focus for these services since the initial implementation of welfare reform in 1998. Program managers from all four agencies have met regularly to work out policy, operations and funding issues. During the past two years, they have cooperated in designing a system for measuring and monitoring service outcomes.

Supportive Services Outcomes

We looked at four types of outcomes.

- **Access:** Is the system able to overcome barriers to identification and to facilitate the entry into services of participants with SA, MH and DV issues?
- **Engagement:** Has Los Angeles County developed services which are relevant, accessible, and offered to the CalWORKs population in ways that enable and encourage participants to become and remain engaged in services?
- **MH/SA/DV Outcomes:** Do the services alleviate the specific MH/SA/DV symptoms or problems that serve as barriers to independence. Persons with these issues are likely to have problems with daily living tasks, parenting, and learning. Improvements in coping with these problems constitute critical “milestones.”
- **Work-Related Outcomes:** Do the services enhance the participant’s ability to be self-sufficient? Although getting a job with a living wage is the ultimate goal, CalWORKs promotes many related objectives—such as getting a general equivalency diploma (GED), obtaining needed training, and learning job search skills.

Context for Supportive Service Work Outcomes: Employment and Work Activities in the CalWORKs Population Overall

Because the number of persons using welfare has declined so much since the early 1990s, we tend to think of welfare reform as a success. However, the employment- and service-related outcomes of those who are currently receiving CalWORKs are limited. This report contains highlights from recent reports regarding Los Angeles County.⁴

⁴ These data are from different DPSS sources including a 2003 research study by DPSS (we use data from the cohort drawn in the second quarter of 2000) and from the most recent state data. Moreno, M. H., H. Toros, et al. (2003). Employment and Earnings Among Welfare-to-Work Participants in Los Angeles County, 1998-2001. Los Angeles, Department of Public Social Services. Available at: http://dpss.co.la.ca.us/dpss/dss/research_papers.cfm. CalWORKs Adult Recipients Quarterly Wage Earning Reports for Quarter Two, 2003. http://www.dss.cahwnet.gov/research/CalWORKsDa_388.htm

A recent Department of Public Social Services (DPSS) study examined the period 1998-2001.

- Participation in Job Club (the “first step” for most work activities) was very low. A total of 54% of GAIN participants did not attend Job Club at all, and only 25% completed it.
- In the same study, only 12.5% of participants took part in a training activity, and only 34% of these finished.
- However, the study showed that participation in either Job Club or training, when it occurred, was associated with better chances of finding and retaining jobs as well as earning wages over the poverty level.
- The DPSS research report concludes that “only a quarter of all greater awareness to independence (GAIN) participants were able to cross poverty thresholds on the basis of earnings alone and become self-sufficient. Even for participants who obtained stable employment, only about half were able to earn above poverty thresholds.”

Very recent data shows limited welfare-to-work participation.

- California Department of Social Services data for Los Angeles reveal that in the second quarter of FY 2003-04, 28% of adults enrolled in welfare to work were employed. A total of 20% were in training or school, and 50% had at least one work-related activity. However, 25% were exempt, and one-third had been sanctioned and only their children received aid.

Since CalWORKs participants having MH/SA/DV problems have *more* barriers to employment than do other participants,⁵ we consider MH/SA/DV service outcomes successful if they show outcomes similar to these results for participants overall.⁶

⁵ Chandler, D. and J. Meisel (2002). Alcohol & Other Drug, Mental Health, and Domestic Violence Issues: Effects on Employment and Welfare Tenure After One Year, California Institute for Mental Health. Sacramento, CA.

⁶ The DPSS research used data on earnings, job turnover and sustained employment from the Employment Development Department which are not available on a routine basis. We use alternative measures included in GEARS, particularly the number of hours working.

What Information Does This Report Present?

The goal of our efforts is to create an ongoing process to assess the performance of Los Angeles' supportive services. We have identified three requirements for the Los Angeles supportive services outcome system:

- It must be inter-agency in nature, using data from CalWORKs and the SA, DV, or MH agencies.
- It must record objective progress on a set of milestones toward the ultimate goal of economic self-sufficiency. These milestones will be specific to both CalWORKs and to the MH/SA/DV problems confronting clients.
- Finally, it must include the perspective and feelings of clients, which represent a significant part of any outcome measurement system. While making progress on objective milestones as a result of receiving supportive services is important, the ultimate goal of services is to improve the quality of clients' lives and the lives of their children.

2003-2004 Survey and Linked Administrative data

Discharged client sample: By implication, an “outcome” occurs at the end of services. Thus we needed to sample a set of clients who had received supportive services in the recent past but were no longer receiving them. We selected a random sample of substance abuse clients eligible for CalWORKs who had terminated substance abuse services from one of the designated CalWORKs providers between October 2003 and February 2004.

Current client sample: It would have been ideal to obtain the views of the above subset of “discharged” clients themselves. However, access to discharged clients is very difficult to obtain and recent efforts to use mail or phone follow-up calls have been unsuccessful.⁷ As an alternative, we have used a survey of a random sample of “current” clients—that is, clients still receiving services. While their views may not be the same as those of persons who have terminated services, they are valid in themselves and highly useful to service providers seeking to improve the care they provide.⁸

Linked administrative data. We utilized the substance abuse system's information system to obtain data on the discharged clients' demographic characteristics, substance abuse patterns, and lengths of service. We also intended to use the CalWORKs information

⁷ In Los Angeles, the Didi Hirsch CalWORKs mental health program was highly proactive and attempted such a phone- and mail-based system in 2003. The response rate was far below what is necessary to have any confidence the information was representative of all clients.

⁸ A second approach to obtaining client views, new in 2004, is to attempt to “intercept” at the welfare office persons who have either been referred to a supportive service and didn't go or those who actually went to services but no longer do so. Once intercepted, the participants are asked to fill out a survey about their experiences. The Department of Public Social Services conducted a pilot project in 2004 to determine whether collecting this information on an ongoing basis will be feasible and useful.

system, known as GEARS in Los Angeles, to gain additional insight into whether people work and how much they work, whether they go to school or receive training, and whether they comply with program requirements. However, in the 2004 study we were unable to reliably match data from these systems.⁹ Since a new fee-for-service billing system was implemented July 1, 2004 we hope to have more success in the coming year's study.

1998-2001 Data on the Entire MH/DV/SA Supportive Services Population

In 2003, the Los Angeles Economic Roundtable published *Prisoners of Hope*,¹⁰ an extensive analysis of welfare reform outcomes using a combination of data obtained from DPSS and from the state Unemployment Insurance system. CIMH subcontracted with the Economic Roundtable to generate detailed tables on SA, MH, and DV service participants using the 1998-2001 data on which their report is based. Even though it is from an earlier period of time, the fact that *all* supportive service cases are included and that independent information on earnings is available makes this information very useful. That is, rather than relying on a sample we are able to examine information for the entire population. We refer to information from this source as “1998-2001 population data.” Note, however, that the population 1998-2001 data refers to SA clients who have their SA services incorporated into their welfare-to-work plan. As noted above, very few of the clients we sampled had chosen to have their services be part of their work activity requirements.¹¹

Who are the Study Participants?

Discharged client sample: The Alcohol and Drug Program Administration of the Department of Health Services drew a random sample from its MIS records of CalWORKs discharges within the sample period of October 2003 through February 2004. The final sample of discharged cases comprised 281 staff ratings drawn from the 50 programs having discharged cases during that period.

Current client sample: The Alcohol and Drug Program Administration generated a list from its MIS of all CalWORKs participants having a currently open case at one of the 50 programs that had discharged clients. This resulted in a final sample of 214 valid cases drawn from 65 providers.

Table 1 and Table 2 present race/ethnicity and age for the two study groups. For the most part, they are very similar.

⁹ Federal confidentiality requirements severely limit disclosure of information. Information used in this study has all been “deidentified” by removing any identifiable identifier and substituting an arbitrary identifier.

¹⁰ Burns, P., Drayse, M., Flaming, D., & Haydamack, B. (2003). *Prisoners of Hope: Welfare-to-Work in Los Angeles*. Los Angeles: The Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015, www.economicrt.org.

¹¹ When the supportive services system was established in 1998, funds were allocated to substance abuse providers to serve CalWORKs clients without the services being authorized in a welfare-to-work plan. Providers submit claims to DPSS for these services.

Table 1: Race/Ethnicity Percentage of the Two Study Samples

	Discharged Clients N=272	Current Clients N=211
African-American	37%	30%
Asian/Pacific Islander	1%	4%
Latino	29%	38%
White	25%	23%
Other ethnic group	8%	4%

Table 2: Age Categories of the Two Study Samples

Age	Discharged Clients N=274	Current Clients N=214
25 or under	18%	21%
26-35	50%	39%
36-45	28%	35%
Over 45	4%	5%

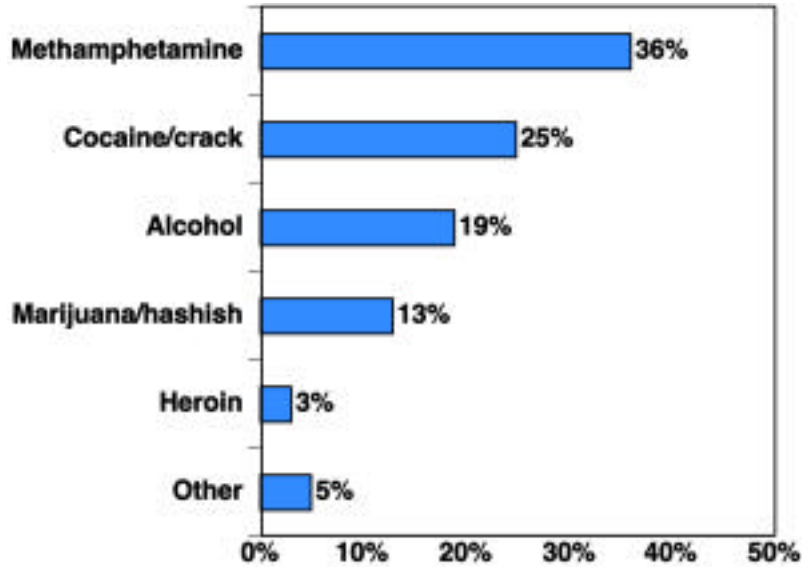
Methamphetamine, cocaine and alcohol are the chief drugs reported at admission.

In the Alcohol and Drug Program Administration management information system the primary, secondary, and tertiary drug of abuse are recorded. Among discharged clients, the most frequently abused drugs (see Figure 1) were methamphetamine (36%) and cocaine (25%). In only 3% of cases was heroin the primary drug. And only 8% of the sample had used needles for IV injections during the prior year.

In only 19% of cases, alcohol was the primary drug of abuse at admission; however, it was a drug of abuse for 48% of clients. Since epidemiological studies show alcohol dependence to be more common among CalWORKs clients than drug dependence, it may be that the identification processes used in CalWORKs programs are not directing enough attention to participants with alcohol problems as primary.¹²

¹² This is a statewide issue in CalWORKs-funded substance abuse programs. See: Meisel, J., Chandler, D., & Jordan, P. (2002). *The Second CalWORKs Project Six County Case Study Project Report*. Sacramento: California Institute for Mental Health, 2030 J. Street, Sacramento, CA 95814.

Figure 1: Primary Drug at Admission: Discharge Sample (N=273)



ACCESS AND ENGAGEMENT

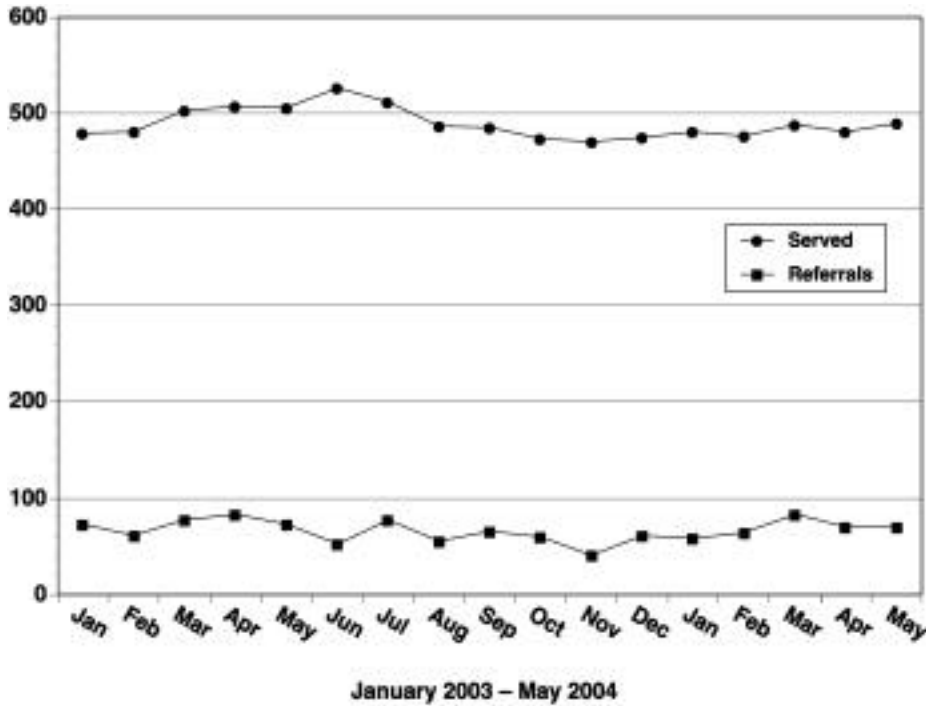
Access

The number of referrals from CalWORKs and the number of participants with substance abuse services in their welfare-to-work plan remained fairly stable during FY '03-04.

Figure 2 shows the number of substance abuse referrals and number of cases served by month, starting in January 2003 using information from the DPSS welfare-to-work data system, GEARS. The number of referrals would not be expected to be high, since so many substance abuse clients enter services through “the back door”; that is, they enter services by other routes than referral from CalWORKs. And the number of participants with services in their welfare-to-work plans does not include all the participants who are served or funded through CalWORKs, because many clients do not tell their GAIN workers about their substance abuse services nor do they have them in their welfare-to-work plans. These clients are tracked by ADPA rather than through the GAIN data system. However, this rate of referral is considerably lower than in many counties that do not have mandatory assessment and treatment. This data suggests that the early decision by DPSS and the Alcohol and Drug Program Administration to *require* treatment of those who self-disclose a substance abuse problem may be hindering self-disclosure. We think it likely that a substantial number of persons who may need substance abuse services (particularly those with alcohol problems, who are underrepresented in the discharge client sample) do not seek services through the “back door.” Thus, doing everything possible to increase CalWORKs referrals is justified.

Unfortunately, no electronic record is kept of the “backdoor” clients whose services are paid for by CalWORKs. (All claims are verified by DPSS, so it would be theoretically possible to do this.) The only figures we can show are the comparatively small number who have substance abuse services recorded in their welfare-to-work plan. (See Figure 2.)

Figure 2: Substance Abuse Clients Referred and Served if Services are Part of Welfare-to-Work Plan



About half of the clients were receiving a substance abuse service for the first time.

A goal of the substance abuse system’s supportive services has been to reach clients in need who might otherwise not be served. Acknowledging the presence of substance abuse problems and seeking services for them are difficult for most people. While substance abusers often require multiple exposures to substance abuse services, taking the first step into treatment is often the most difficult. It is particularly hard for women receiving aid who fear the potential loss of their children should they be identified as having substance abuse problems.

For 42% of the discharged clients this was the client’s first treatment episode. A total of 50% of the current clients said this was their first time receiving a substance abuse service. These significant percentages indicate that CalWORKs supportive service funding is reaching clients with substance abuse problems who have not received help in the past.

Table 3: Percentage of SA clients with NO prior services

Type of Information	N	%
Self-report on current client survey	210	50%
Management information system data on discharged clients	273	42%

Engagement

Keeping clients engaged in services is a critical but challenging goal of substance abuse supportive services.

One of the most important findings from the first year Outcome study was that those participants who completed treatment and those who stayed in treatment longer (even if they did not complete treatment) had better clinical and work outcomes. The 2004 Outcome study devoted more attention to both the objective and subjective reasons why the system might have difficulty in retaining clients in treatment services. Unless the treatment providers understand why their service is unsuccessful and are able to address those reasons, client engagement will remain relatively low. We have examined more closely some of the objective challenges that must be overcome to assist clients in attending services as well as some of the reasons why clients themselves say they end services.

Objective Obstacles to Engagement

The service system must be particularly responsive to factors in the lives of substance abuse service recipients that make their regular attendance in treatment difficult if not properly understood and addressed.

The following characteristics of the population receiving substance abuse services highlights the challenges that the service system must address if it is to provide services that are truly responsive to its clients.

Large families. A total of 21% of individuals in the current substance abuse sample had four or more children. If the children are not in school, finding child care while attending services, or arranging transportation is a major undertaking for single mothers with several children. If children are in school, that limits available appointment times. For those clients who work or go to school themselves, large families make logistics doubly difficult.¹³

¹³ CalWORKs is required to arrange for child care and transportation for supportive services participants, but it may not occur. CalWORKs does not pay for transportation to take children to school. The Alcohol and Drug Program Administration requires programs to have on-site child care and nutritional snacks; it allows programs to purchase vans for transporting participants with children to and from treatment and school.

Co-occurring disorders. In recent years service providers have recognized that substance abuse, mental health issues, and domestic violence often occur together. Co-occurring disorders require different professional skills, philosophies and resources.¹⁴ Only a few CalWORKs programs around the state have established integrated services that can serve any combination of these problems.¹⁵ Among the discharged substance use sample, 8% were recorded as having a mental disability or chronic mental illness. However, 183 out of 279 (66%) of clients were categorized by staff as having concurrent emotional problems. Of these, 16% had strong positive change in these problems, 45% had some positive change, 29% had no change, and 10% had negative change. Thus, it appears that a significant percentage of our sample population experienced emotional problems over and above their substance abuse issues, which were the primary focus of treatment.

Homelessness. Being homeless makes carrying out appointments, and any planned activity, extremely difficult.¹⁶ At admission, 19% of the substance abuse discharge clients sampled had been homeless at some point in the past.

Court and child protective services involvement. A total of 22% of the discharged cases were currently involved in the criminal justice system through probation, parole, or participation in a diversion program. And 36% had open child welfare cases during the treatment episode. While involvement with either criminal justice or child welfare has the potential to create positive motivation to complete treatment, both also indicate complicated dealings with bureaucracy during the treatment period.

Consequences of having substance abuse problem. Attending and participating in services involve many of the same activities that are required by work or training—such as time management, arranging child care and using public transportation. So, the very problems that necessitate treatment or services may make it difficult to engage clients. Current clients were asked the number of days out of the prior 30 days in which they were “totally unable” to work or do daily activities as a result of the problems for which they sought treatment. A total of 19% of the substance abuse clients indicated being totally unable to carry out daily activities at least 15 days of the prior 30, with another 24% indicating this level of disability from one to 15 days a month.

While services were easily accessible for the overwhelming majority of current clients, location or time might be problematic for up to 13%.

A total of 91% of the current substance abuse clients said that services were available at times that were good, and 92% said that the location was convenient. Taken together, however, 13% of the current substance abuse clients said that either the times or the location of services was not convenient for them. Services must be offered at both convenient times and locations in order to continue to more successfully engage clients.

¹⁴ A summary of what is known is the federal *Report To Congress On The Prevention And Treatment Of Co-Occurring Substance Abuse Disorders And Mental Disorders*. (2002). From <http://www.samhsa.gov/reports/congress2002/index.html>.

¹⁵ In Los Angeles, the ProtoTypes and the Shields for Families residential programs are among these.

¹⁶ DPSS will remove sanctions from anyone who is homeless in recognition that carrying out welfare-to-work activities is virtually impossible without a stable home.

Satisfaction With and Participation in Services

A total of 80% of the current substance abuse clients are very satisfied with the services they are receiving.

The 80% “very satisfied” figure compares favorably to the previous year’s 72%, although it may reflect more representative sampling rather than improved services. An additional 19% are somewhat satisfied leaving only 1% showing any dissatisfaction with services. A total of 99% of the clients said they were treated with respect; 90% trust the person they work with most; and, 99% reported they would recommend the program to a friend. Such high rates are especially impressive given that considerable care was taken in 2004 to obtain representative samples of current clients.

Satisfaction was higher among clients in outpatient than residential services: 84% of outpatient clients were very satisfied, compared to 71% of residential clients. Consistent with this was the fact that 88% of clients in residential services said they were treated with respect compared to 98% of outpatient clients; and, 77% of residential clients trusted staff compared to 95% of outpatient clients. Higher rates of satisfaction were also related to length of time in treatment, i.e. those in services longer expressed higher rates of satisfaction.

Substance abuse providers said that 60% of their discharged clients attended most or virtually all their scheduled service visits.

Table 4 shows providers’ ratings of the level of participation in treatment of their discharged clients. Completion of treatment was the reason for discharge for only one client with poor or minimal participation.

Table 4: Provider Ratings of Client Level of Participation in Treatment

Rating	Description	N=275
VERY GOOD	Participation in virtually all sessions	23%
GOOD	Participation in most sessions	37%
POOR	Participation sporadic	24%
MINIMAL	Participation rare	17%
TOTAL		100% ¹⁷

Two thirds of the discharged clients remained in treatment for less than six months.

Nearly one-third (31%) of the clients received services for less than two months. A total of 11% remained in treatment for longer than one year. (See Table 5.)

¹⁷ In this and other tables the total may not add to exactly 100% due to rounding error. The 100% reflects the total if more decimal places had been included.

Table 5: Discharged Client Time in Treatment

Time In Services	N=278
Under Two Months	31%
Between Two and Six Months	37%
Six to Nine Months	16%
Between Nine and 12 Months	15%
12 Months or More	11%
TOTAL	100%

Reasons For Terminating Services

In the 2004 study, we paid special attention to understanding the *reasons* why services were not completed successfully. The approach we used was to ask for detailed information from the primary caseworker for each discharged client. We have carefully coded each response or explanation provided.¹⁸ For the 1998-2001 population we report the codes entered at termination of a supportive service by the GAIN worker.

Although the reasons for which people leave service have an effect on achieving outcomes, many persons do achieve substantial positive change, even if they do not completely achieve the goals they set out at the beginning.

A total of 30% of the clients in the discharge sample successfully completed treatment.

We categorized the various information cited by providers about the status of their clients at the time of the termination of their services. (See Table 6.)¹⁹ The figure of 30% clearly completing services with treatment goals achieved is comparable to the figure of 35% in the first year report.

¹⁸Interested readers should refer to the sample survey forms in the methodological appendix. A complete list of reasons in uncoded form is available by request.

¹⁹ The sample size is 253. Eliminated from the sample are eight clients who continued to receive substance abuse services with other funding when their CalWORKs funding ended, and 19 whose status is uncertain and may have continued in treatment.

Table 6: Reason for terminating substance abuse services (N=253)²⁰

<i>Status at CalWORKs Discontinuance</i>	<i>N</i>	<i>Percentage</i>
Completed services successfully	75	30%
Uncertain outcome	74	29%
Known or Likely Insufficient Service to Achieve Treatment Goals	104	41%
Known: Broke rules, jail, relapse	56	22%
Likely: Unplanned discharge, could not contact	48	19%

Substance abuse staff said 41% of the clients terminated services prematurely, and 29% of the clients' service episodes have an uncertain reason for termination.

A large category of clients left services before their goals were achieved. We divided these into those for whom we have enough information to be reasonably certain that they terminated services prematurely and can be called “engagement failures,” and another group about whom we do not have sufficient information to be sure. The former category includes 22% who were described by staff as having broken treatment rules, relapsing, or going to jail, and another 19% who left services without informing the provider and whom could not be contacted.

In the unclear status category are the 29% of the clients for whom the information indicated by the provider is insufficient to determine whether or not the reason for ending engagement should be judged positively. These are clients who terminated for a variety of reasons, such as the fact that services were difficult to arrange or conflicted with other activities, or who felt that they did not need services any longer. These reasons do not in themselves constitute a negative outcome. Those in this uncertain category generally have results in-between those who complete services and those terminating early. For example, those completing services had an average length of stay of 8.8 months; those with negative reasons for termination averaged 3.2 months; and those with uncertain reasons for termination averaged 4.1 months.

Population data from 1998 to 2001 show a variety of outcomes for participants referred to a substance abuse supportive service, including “no-shows” and “drop-outs” as well as completion of the service.

When open cases are excluded,²¹ 38% of the 2,018 referrals to substance abuse services during this time were completed, 31% of referrals ended in a dropout and 13% of referrals ended as no-shows.²² A variety of other reasons accounted for the remaining 18%.

²⁰ A total of 10% of the discharge sample had “neutral” reasons for discharge: they moved or transferred to another program. They are not tabulated here.

²¹ A total of 30% of all MH/SA/DV service episodes had no “end code” entered to indicate what happened after a referral was made. We were able to check this with mental health administrative data. The number of mental health with no end code almost exactly matched the open cases at the time the study ended; we conclude that virtually all of these referrals were still open at the time the data collection was completed.

If we exclude no-shows from these figures in order to be comparable with the discharge client sample, then the completion rate among all substance abuse clients in 1998-2001 was 46%. These judgments of GAIN staff workers are—as they are for MH and DV as well—considerably higher than the judgments of clinicians. In SA, the picture is complicated because our survey clients were “back door” entrants to the system; the clients included in this report were open about their substance abuse, had their treatment in their welfare-to-work plan and, therefore, might be expected to have done somewhat better.

Sanctions after referral to a supportive service were low in the 1998-2001 population data.

Overall 4.7% of those referred to a substance abuse supportive service had a record showing a sanction occurring *after* the referral.

However, sanctions over the entire four-year period were much more frequent. Of persons with a substance abuse referral, 27% had at least one financial sanction recorded. These sanctions may have occurred prior to referral and may later have been “cured;” they just indicate problems with compliance with CalWORKs requirements.

Those who dropped out had somewhat higher rates of sanctions than did those completing. We hypothesize that whatever factors contribute to lack of compliance resulting in sanctioning may also interfere with follow-through of supportive services.

Substance Abuse Outcomes

Treatment outcomes were assessed from the perspective of both the clients and the service providers. The client ratings are from the sample of clients currently receiving services, while the provider ratings are for the set of clients who have been discharged.

A total of 85% of current clients rated the services as helping them “a lot” with their substance abuse problem.

Current clients were first asked, “Overall, did the services you got at the agency help you to improve your situation or deal with your problems?” Clients were very positive, with 80% saying the program had helped “a lot,” and 17% “some.” Only two of 213 clients said they did not feel they had been helped. When asked about their substance abuse in particular, 85% reported a lot of help. The amount of reported help was positively related to the length of time in treatment.

No direct or indirect method is available to check this assumption for substance abuse, as reliable data for open cases at the time do not exist.

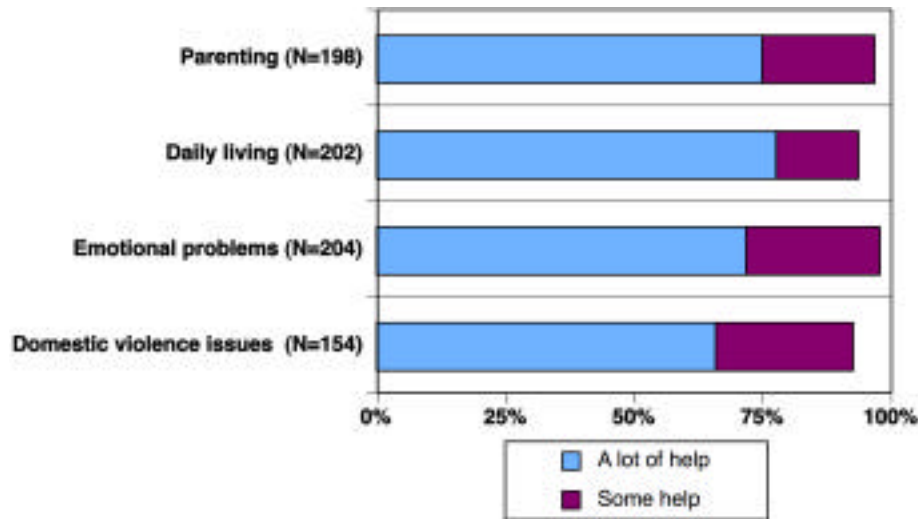
²⁷ The 1998-2001 population data show that a somewhat higher percentage of *persons* complete the supportive service they were referred for (42%) than complete specific episodes (38%). In other words, some participants entered and left services more than once during the study period and were successful on at least one attempt. The outcomes recorded for the surveys, thus, tend to *understate* the extent to which successful outcomes are achieved, because they focus only on one service episode, while some persons require more than one episode to complete a supportive services component.

Over 85% of current clients reported receiving “a lot” or “some” help with other problems.

Current clients were asked how much help they had received in other important areas of their lives

Clients were given an opportunity to rate each of these, if they believed they were relevant. Shown are the percentages saying they received “a lot” or “some” help. About three-fourths of the clients said that domestic violence was an issue and most of them said they received help regarding it. (See Figure 3.)

Figure 3: Percent of SA Clients Reporting "A lot" or "Some" Help



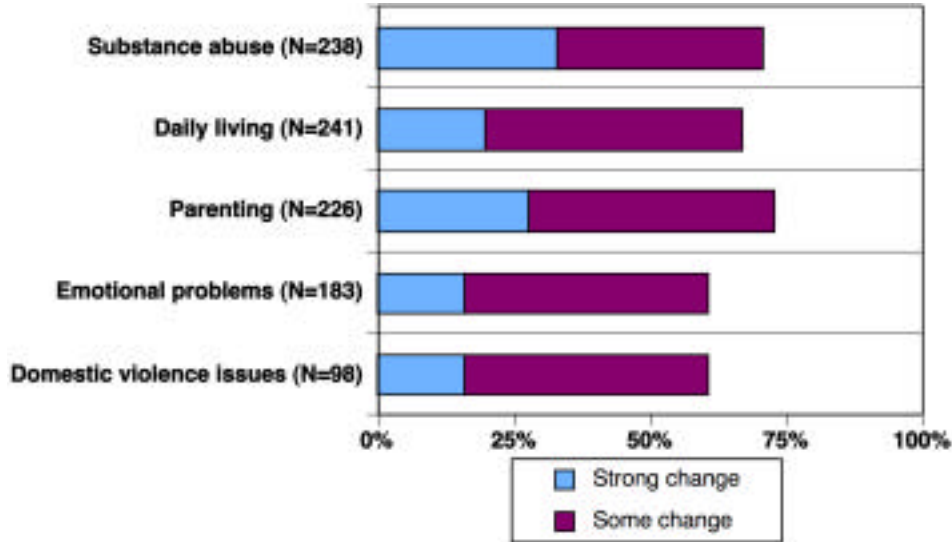
For none of these domains did it matter whether the client was in a residential program or was being seen as an outpatient. The amount of help received for domestic violence problems (as with substance abuse problems) was positively associated with longer stays.

Discharged clients were rated by providers as having made positive change in substance abuse patterns and four other areas of functioning.

Staff reported on the same functioning domains as did clients. Figure 4 shows that the greatest amount of “strong” positive change was with regard to substance abuse, with parenting a close second.²³

²³ Not applicable and unable to judge responses were removed, accounting for the much lower number of clients being rated for some of the domains.

Figure 4: SA Staff Rating of Positive Change During Treatment



Improvement on these dimensions was associated with a number of client characteristics. Unlike the current client self reports of help received, all improvement except domestic violence was associated directly with the length of time in treatment. The strongest relationship, though, was with how services ended. Persons completing services had strong positive change in all the dimensions, while no more than 5% of those we classified as having terminated services early did; those with uncertain outcomes were in between but closer to those with insufficient treatment. Nonetheless, all three groups had substantial proportions (around 40% or more) in which “some” positive change was noted.²⁴

According to staff, about 60% of clients with emotional or domestic violence issues in addition to their substance abuse problems made some positive change regarding their substance abuse.

Data from the substance abuse management information system, CADDs, indicate staff *are* particularly successful in helping persons with certain types of co-occurring substance abuse and mental disorders. The indicators that are recorded in the CADDs

²⁴ The CADDs data system contains a classification filled in at time of discharge of “Completed treatment,” “Left with satisfactory progress,” and “Left with unsatisfactory progress.” This is a similar categorization to the one we made earlier of the reasons for termination: completed treatment, terminated early due to engagement failure, and staff were uncertain regarding the reasons for termination. A total of 95% of the two categorizations of “complete” correspond. We also would expect that the rating on substance abuse change provided by staff on the survey form would correspond closely with the CADDs rating on treatment progress. This was largely true but not entirely. Of those categorized on CADDs as completing treatment, 76% had strong positive change, as did 21% of the 19 persons leaving with “satisfactory” progress. Of the clients having been categorized on CADDs as leaving with “unsatisfactory” progress, 11% were rated on the staff survey as having strong positive change, while 43% had “some” change. We conclude that some unreliability exists even in quite simple ratings of treatment progress. Only a follow-up study would allow us to determine the validity of either categorization.

data base (having at some time been diagnosed with a “chronic” mental illness or having a mental “disability”) focus on severe conditions. Among the discharged clients, 8% had one or the other of these designations. These persons were more likely than others to have completed services (41% vs. 28%) and to have attained their goals (53% vs. 28%).

Discharged clients had, to a large extent, attained and sustained abstinence.

We also asked staff members to fill out a commonly used rating of the severity of alcohol and drug problems experienced by the clients in the last 30 days before discharge. As with our request for detailed information about the circumstances under which each client left services, this was designed to get more concrete information to be used in judging outcomes of service.²⁵ Ratings show a largely favorable pattern—partly because abstinence is required to participate in treatment. We will look later at CalWORKs outcomes in terms of this pattern. There is an inherent ambiguity in these data, however, as the ratings may reflect the time immediately before a relapse. (See Table 6.)

Table 6: Pattern of SA client alcohol and other drug use in month before discharge

Drug Use Pattern	N=257
ABSTINENT Client did not use alcohol/drugs during the month prior to discharge.	68%
USE WITHOUT IMPAIRMENT. Client used alcohol/drugs during the month before discharge, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use, and no evidence of recurrent dangerous use.	10%
ABUSE. Client used alcohol/drugs during the month before discharge, and there is evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use.	13%
DEPENDENCE. Met criteria for abuse, plus at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, drugs taken to relieve or avoid withdrawal symptoms.	8%
HOMELESS OR JAIL. Meets criteria for dependence plus constant alcohol/drug use leads to homelessness, or client was frequently in jail.	1%

Work-Related Outcomes

Staff and Client Views of How Services Affect Employability

Services for substance abuse problems had positive effects on current clients’ judgment of their capacity to work.

Current clients were asked, “How much have the services you have gotten here helped you with work problems?” Of those who said they had problems in this area, 53% said they received “a lot” of help, and another 31% indicated they received “some” help.

²⁵ Twenty-three clients were not rated and so are not included in the table. These clients do not appear to differ in status at discharge from those that were rated.

According to provider ratings, over 60% of the clients had positive change in their capacity to look for, find and retain work.

Substance abuse staff rated 20% of their clients as having made strong positive change in their capacity to look for, find or retain work. They rated another 42% as having made some positive change.²⁶

The amount of positive change was strongly associated with the time receiving services. Strong positive change took place rarely in less than six months (9%), and was more likely than average when services lasted six months to a year (41%). However, a strong association exists depending upon whether or not services were completed. If services were completed, then 48% of substance abuse clients were rated as making strong improvement.

Employment and Participation in the Labor Force

A total of 19% of current CalWORKs substance abuse clients are working while they attend services; 75% are engaged concurrently in some employment-related activity.

Because clients are already beginning to “time off” of welfare, the sooner the participant receiving supportive services can *also* participate in welfare to work activities, the better. We look first at actual employment.

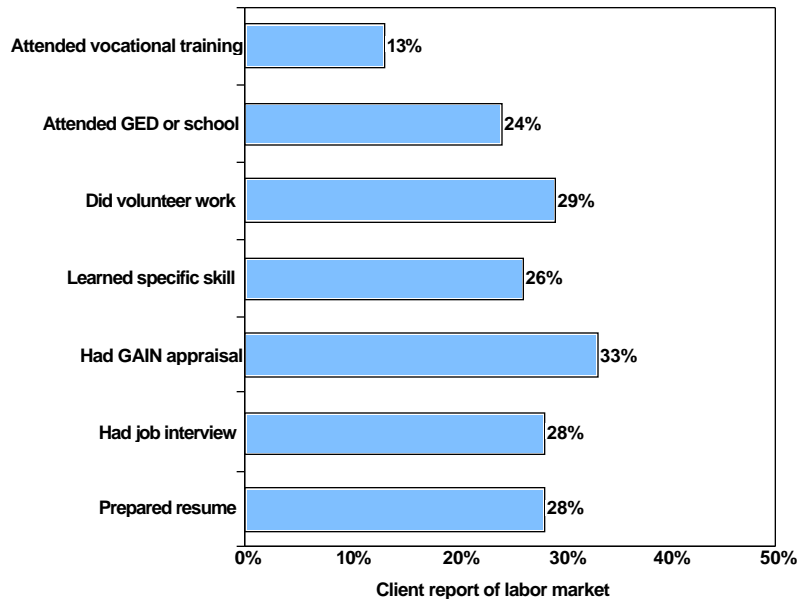
A total of 19% of current substance abuse clients are working. Of those substance abuse clients who were working, 24% worked 32 hours a week, or more. In the FY 2003 sample of current clients, 15% reported they were working. Those clients in a residential program were less likely to be working than those in an outpatient program (10% vs. 23%).

While actually holding a job is the most important measure, other work-related activities in the prior three months that we asked about included: going to a job interview, writing a resume, getting training in specific skills like operating a computer, having a GAIN employability assessment, doing volunteer work, attending a vocational training program, or attending a GED program, or going to school.

Overall, 75% of substance abuse clients either worked or participated in one or more of the other employment-related activities in the three months prior to the survey. The percentages were somewhat lower in the 2004 sample than in the 2003 sample in the areas of school or GED (24% vs. 32%), and vocational training (13% vs. 19%). Again, we have no way of determining if differences are a consequence of the changed sampling.

²⁶ A total of 12% of the staff didn't think capacity to work was relevant and others felt they didn't have enough information to judge. The percentages in the text exclude these.

Figure 5: Current client work-related activities



Clients in residential programs were *more* likely than those in outpatient programs to be in work skills training (53% vs. 16%), doing volunteer work (55% vs. 19%), attending school (35% vs. 20%), or in training (23% vs. 8%).

At the time of the last contact with staff, 45% of the discharged substance abuse clients were actively involved in work, training, school or job search; for those who completed services, the rate is 75%.

Providers were asked to say whether, at the time of the last contact, clients were working, in school, in a vocational program, or looking for work. Providers said that 16% of the substance abuse clients were working at the time of last contact; 11% were in school; 13% were in a vocational program; and, 27% were looking for work. Overall, 45% were engaged in one or another of these activities. Of those working, 23 of 25 worked more than 20 hours a week.

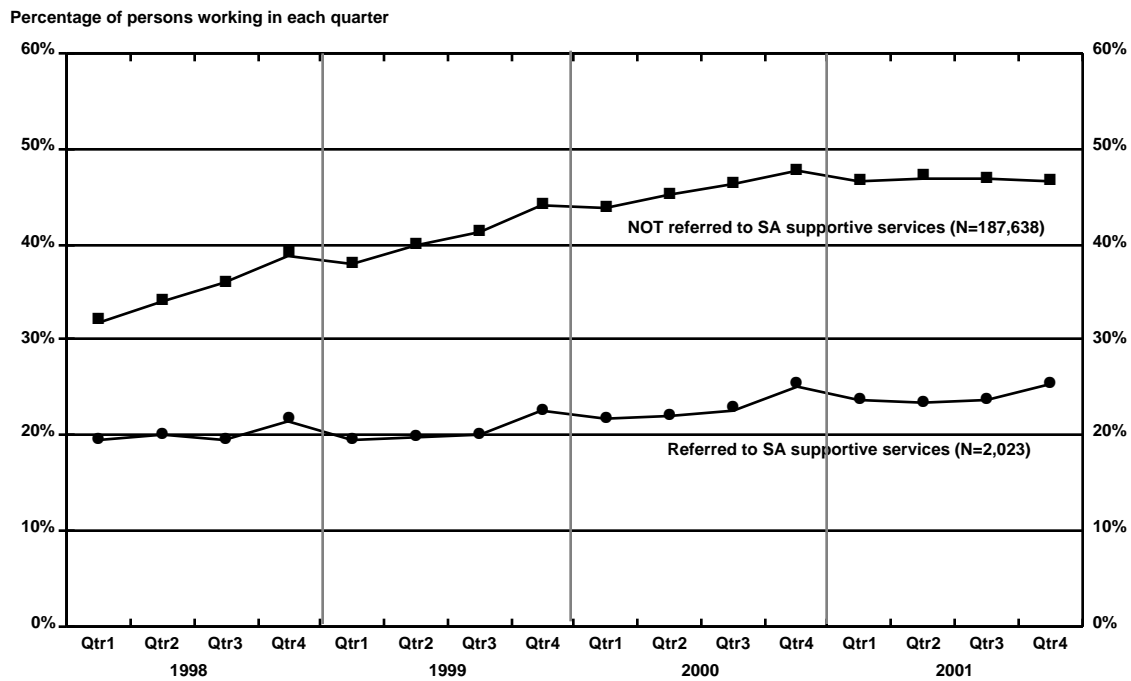
For those who completed treatment, the rates are considerably higher: 27% were working; and 30% were going to school. Altogether, 75% of those who completed treatment were engaged in at least one of these activities. The comparable figure last year was 65%.

Population data from 1998-2001 show that persons referred for SA supportive services are less likely than the general CalWORKs population to find employment.

Epidemiological studies have found significant effects of substance abuse on employment.²⁷ No studies to date, however, have analyzed long-term effects for the population actually referred to SA supportive services—partly because we are aware of no state other than California that broadly makes available SA services using specially allocated TANF funding.

Persons given a SA supportive services referral at some time between the first quarter of 1998 and the fourth quarter of 2001 are much less likely to have earned income, compared to persons in GAIN not referred for a SA service.²⁸ In 1998, the differential is 13%, but by the end of 2001, it increased to 22% (25% if SA referral vs.47% if not).²⁹

Figure 6: Referred to SA supported services vs. not referred: percentage with earned income in each quarter 1998-2001³⁰



²⁷ The CalWORKs research on this issue is presented in Chandler, D., & Meisel, J. (2002). *Alcohol & Other Drug, Mental Health, and Domestic Violence Issues: Effects on Employment and Welfare Tenure After One Year*, from www.cimh.org/calworks

²⁸ This pattern is also found for MH and DV.

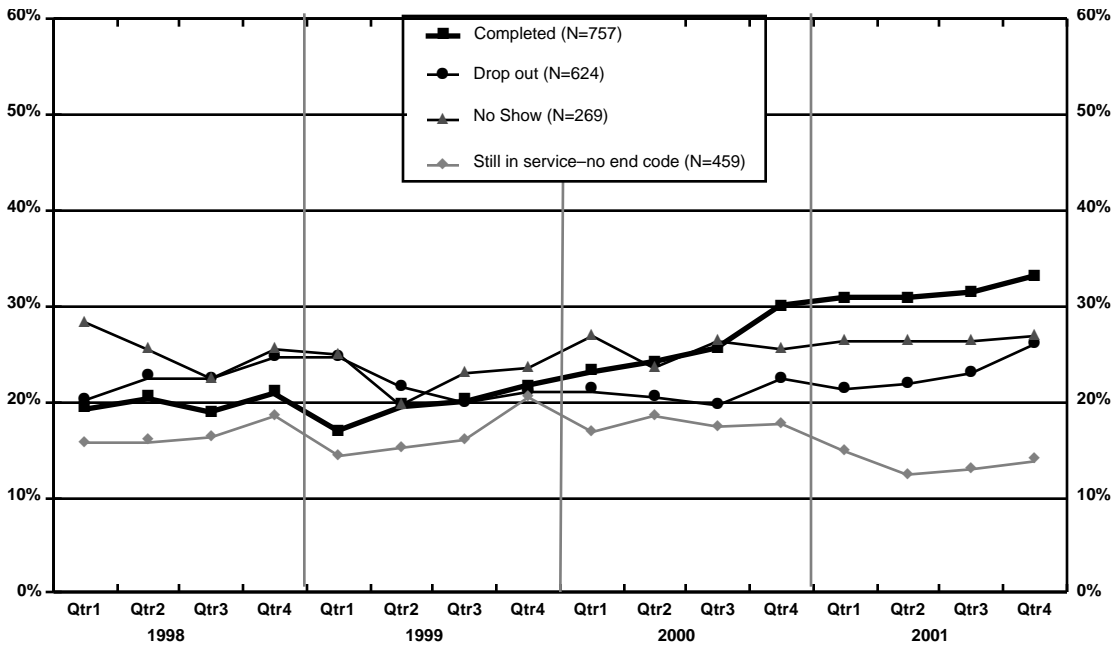
²⁹ It would be more revealing to show the percentage working before, during, and after receiving services. With these data, this was not possible.

³⁰ Note that the referral to supportive services may have come at any time in the four years. It was not possible to show earnings “before” and “after” supportive services referrals.

Population data from 1998-2001 show that a higher percentage of persons referred to substance abuse services work if they complete the service. Those for whom service episodes were still open worked least.

As shown in Figure 7, the relatively flat line in Figure 6 for those with SA service referrals hides very important differences between subgroups. The overall increase over time for those *completing* a SA service is encouraging. By the end of the study period, 33% were working (vs.47% of those with no SA referral). Those who start services and then do not complete them (which may be after months or even years of service) also show an overall increase, though not quite as high as those completing services (26% by the last quarter of 2001). “No shows” at the referral show the same gain as dropouts (27%). As one would expect, those who are still receiving services are not doing as well, with a *decreasing* percentage working overtime (14% in the last quarter). This may be evidence that those in treatment are more impaired in their capacity to work, and also probably reflects the large number of treatment hours required per week.

Figure 7: Change over time in percentage with earned income: subgroups of those referred to SA supportive services 1998-2001

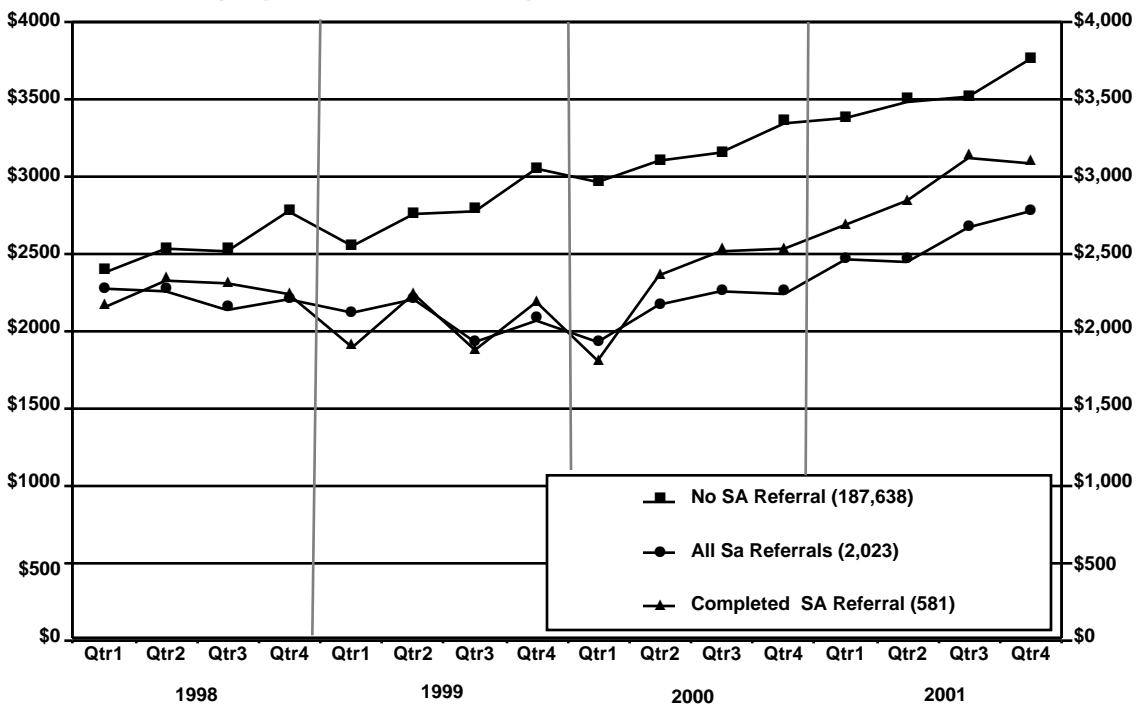


Among population clients, those who do have earned income, earnings in 1998-2001 for those completing a substance abuse service are not appreciably below earnings of persons with no supportive service referral.

Figure 7 shows the percentage of different groups who worked during each quarter. A second question is: for those who *do* work, are earnings different, depending on supportive service status?

Figure 8 shows the quarterly earned income for three different groups of CalWORKs participants (with persons who did not work omitted). The top line shows persons who were active in CalWORKs at some time during this period of time (1998-2001) and who did not have a SA supportive services referral. The middle line shows the income of those who were referred to a SA supportive service and completed it. By the fourth quarter of 2001, those who had received no SA referral earned \$3,755 compared to \$3,096 earned by those who completed SA treatment. The bottom line shows the earned income for all those who were referred to a SA supportive service (\$2,777 in the last quarter of 2001). Although not shown, the average in the final quarter for those with no recorded end code (that is, still receiving SA services) is only \$1,876 per month, compared to the \$3,096 of those who completed services. Those who dropped out or were no-shows were in between (\$2,563 and \$2,852, respectively).

Figure 8: Quarterly earned income for those with some earnings: by supportive service status (Population 1998-2001)



Although those completing SA services do better than others who are referred but do not complete services, without a controlled study, we are not able to say whether that is due to the effects of treatment or that this group differs—in ways related to their earnings—from those who don't complete services.

Summary

- ❑ Substance abuse services provided through CalWORKs are reaching individuals who have not received these services in the past. For 50% of current clients and 42% of discharged clients, this was reported as the first time they received substance abuse services
- ❑ Although a DPSS electronic record of SA services exists for clients who have the services in their welfare-to-work plan, no such record exists for the majority who are “backdoor” clients. This means we have not accurately known the number of clients served using CalWORKs funds, nor could we accurately match information from the substance abuse system and DPSS. Starting July 1, 2004, substance abuse services became available on a fee-for-service billing system. Under the new system, all services billed to DPSS will include a participant's name and case number. DPSS will verify the billings. This new system should provide a much better statistical picture of the program and allows us to perform the data matching that was not possible previously.
- ❑ The low number of persons being referred for substance abuse assessment by DPSS suggests a need for new policies designed to encourage greater identification of persons requiring substance abuse treatment. We suggest that the Alcohol and Drug Program Administration and DPSS review the current policies and explore alternatives.³¹ Experience from Los Angeles screening pilots³² and from other counties should be helpful in determining a set of policies and procedures that maximize self-disclosure, referral, and initiation of treatment.
- ❑ Engagement is especially important, due to the finding that outcomes related to substance abuse were more positive for those clients who remained in services longer. In addition, for all of the domains rated by staff, except domestic violence, those who received services for longer periods of time were rated as making more positive change. The strongest relationship, however, was with completion of services. All persons rated as successfully completing services had strong positive change in all dimensions, compared to only 5% of those classified as having terminated early. Overall, 85% of the current clients said the services had helped them “a lot” with their substance abuse problem. Staff reported that at least 61% of their discharged clients made positive change in their substance abuse patterns.
- ❑ As in the first Outcome report, one of the most significant findings was that successful completion of services produces better work-related outcomes. A total

³¹ The three policies of most relevance are a) use of a formal screening instrument, b) the requirement that all referrals go through an intermediary clinical assessment at a separate site, and c) that both assessment and treatment are mandatory, if clients self-disclose substance abuse problems. None of these are common in other counties.

³² Shields for Families operated a pilot program in which trained paraprofessionals screened clients as they came to apply for CalWORKs. Those admitting a substance abuse problem could be transported directly to the assessment center. Similar pilots are now being tested in several areas.

of 75% of clients who completed treatment were engaged in work, training, school and/or job search activities, compared to 45% of all discharged clients. A total of 19% of the surveyed current clients reported they were working, an increase of 4% compared to the clients surveyed in 2003.

- Population data from 1998-2001 show:
 - a. Employment of persons identified and referred for SA services is much lower than among the general CalWORKs population—indicating that SA is an extremely important barrier to meeting CalWORKs goals.
 - b. The rate of employment is higher for those who have completed their SA service than for dropouts or no-shows, or those still in treatment, but lags significantly behind those not referred for SA services.
 - c. For those who do work, however, the average monthly earnings for persons who completed services are still not equal to those who were never referred for SA services.

In summary, although identification and engagement can be improved, CalWORKs substance abuse supportive services address a real need and have helped clients improve their functioning and achieve their employment-related CalWORKs goals.

Methodological Appendix

Sampling Methods

A major change between the first year's study and this study was in sampling methodology. For both the sample of clients whose services had already ended and the current client sample, extensive efforts were made to define samples representative of the populations described above.

Clients whose services had ended

The Alcohol and Drug Program Administration of The Department of Health drew a sample based on MIS records of CalWORKs discharges within the sample period of October 2003 through February 2004. The final sample of discharged cases comprised 280 staff ratings and matched MIS records drawn from the 50 programs having discharged cases during that period.

Clients currently receiving MH/DV/SA services

In the first year's study, current clients were sampled randomly at the participating agencies on several consecutive days. Because this method could potentially bias the sample—if clients who are less satisfied with services attend less regularly—we made extensive efforts in 2004 to select a representative sample. Because of different data systems in the MH/SA/DV agencies, the method of sampling varied to some extent.

The Alcohol and Drug Program Administration randomly sampled current clients, however, only providers were included who had discharged clients during the October–February period. From the 50 participating providers, a final sample of 214 cases resulted. Survey forms were available in English and Spanish.

1998-2001 population data

The persons included in this analysis are 11,548 individual parents who were active in Los Angeles GAIN 1998-2001. "Active" means having one or more referral to any kind of GAIN component, such as Job Club, Job Training, Supportive Services. Information on GAIN services, particularly supportive services (MH/SA/DV) is matched with Unemployment Insurance data on number working, and earnings, in each quarter during the 1998-2001 period. This information was available for the entire time period, regardless of how long the person received GAIN services. For employment and earnings analyses, the participants referred for supported services are contrasted with all participants *not* referred, a total of 178,113 persons. A total of 2,020 persons were assigned to a substance abuse service as part of their GAIN welfare-to-work activities.



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